

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven M Sertich

Mailing Address PO Box 96685

City

Las Vegas

State

NV

Zip Code

89193-6685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: 33568294

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Wilma K Gillis

Mailing Address 7 Fuller Dr

City

Madison

State

WI

Zip Code

53704-5924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Wisconsin School  
of Med & Publ

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33568295

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn J Reede

Mailing Address 2411 55th Street NE

City

Canton

State

OH

Zip Code

44721-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Based Physician

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: 33568299

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....